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ONE HUNDRED FOURTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING
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November 19, 2015

Mr. Seto Bagdoyan
Director
Audit Services
Forensic and Investigative Service
U.S. Government Accountability Office
441 G Street, N.W.
Washington, DC 20548

Dear Mr. Bagdoyan:

Thank you for appearing before the Subcommittee on Health on October 23, 2015, to testify at the hearing entitled "Reviewing the Accuracy of Medicaid and Exchange Eligibility Determinations."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on December 3, 2015. Your responses should be mailed to Graham Pittman, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to graham.pittman@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,

Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Representative Joseph R. Pitts

1. Individuals who are eligible for Medicaid are not eligible to receive subsidized coverage through an exchange. For the cases in which you applied for Medicaid coverage and ultimately ended up obtaining subsidized exchange coverage, how did the exchange verify that the applicant had been denied Medicaid coverage?

2. In your statement you indicate that 4 of the 8 applicants who applied for Medicaid coverage were not enrolled in Medicaid but were able to obtain subsidized exchange coverage. While this could be seen as a positive sign that Medicaid eligibility determinations are working well, in reality it sounds like at least some of the applicants were unable to get Medicaid coverage—not because they were deemed ineligible—but because of system issues in transferring information between the federal exchange and state Medicaid programs. Is that correct? If so, can you please explain the problems that were encountered?

3. In requesting the identities of GAO's fictitious applicants, CMS is claiming that the agency needs this information to address the control gaps that GAO has identified. Therefore, please respond to the following questions.
    a. GAO has conducted undercover work, including the use of fictitious applicants, to test controls in other programs aside from the ACA. Is that correct?
    b. Has GAO ever provided these other agencies with identifiable information about its undercover work?
    c. Have other agencies been able to correct issues that GAO identified through its undercover work without having identifiable information?
    d. What information has GAO shared with CMS about the fictitious applications?
    e. How can CMS use the information GAO provided to address the gaps identified by GAO's work?

4. What did you find the key differences to be between the state and federal marketplaces? Have the state-based exchanges done a better job than the federal exchange in ensuring that the necessary controls are in place?

5. Some have suggested GAO should not be testifying on preliminary results. Has GAO testified or presented preliminary results for other issues in the past?
    a. Can you provide a couple of examples?
    b. Between now and when you issue your final report will your key findings that you were able to obtain coverage for 17 of 18 applicants change?

6. What modes (e.g. online, paper applications, telephone) did the fictitious applicants use to apply for coverage? Given that all but one applicant obtained coverage, what does this imply about the enrollment controls and vulnerabilities that exist for the various modes available for obtaining coverage?